

Tab 7 Intervention Selection Form Area 2 PANHANDLE/LOMA

Subpopulation: FMS Men Hispanic (To Include HIV+ Individuals) Ranking: 13

Name of Intervention	Condom Skills Education and Sexually Transmitted Disease Re-infection <sup>1</sup>
Risk Behavior(s)	Unprotected sex Multiple partners
Influencing Factor(s) of FIBs	Communication and negotiation skills Self-efficacy Social Support
Intended Immediate Outcomes	A reduction in the re-infections rates for the targeted subpopulation.
Type	Individual-Level Intervention (ILI) Group-Level Intervention (GLI)
Setting	On-site Bars and nightclubs Social service agencies STD Clinic Family planning clinics Drug treatment facility Other locations where target population gathers
Is this intervention currently being provided in your planning area?	No.
Rationale for Selecting this Intervention:	The CPG chose this intervention because of the high morbidity of STD infections reported from this area. Acquiring an STD increases a person's risk of acquiring HIV. The Community Planning Group used evidence from both the epidemiological profile and the needs assessment data to show that there is a need for this intervention in this area. There are no recommended adaptations to this intervention by the Community Planning Group.

<sup>1</sup> Intervention from Center for Disease Control's *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* page 1-6

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Name of Intervention	Project LIGHT
Risk Behavior(s)	Unprotected sex
Influencing Factor(s) of FIBs	Perceived susceptibility Self efficacy Intentions Expected outcomes Communication and negotiation Relationship development
Intended Immediate Outcome	At end of intervention, client will engage in safer sexual activities knowing correct condom use and communication/negotiation skills.
Type	Group-Level Intervention (GLI)
Setting	On-site STD clinic Family clinic Drug treatment facilities
Is this intervention currently being provided in planning area?	No.
Rationale for Selecting the Intervention:	The CPG chose this intervention because it addresses the identified risk factors of unprotected sex and has the additional benefit of reducing the incidence on new STDs. There has been documented link between STD and HIV. In addition it effectively shows and enhancement of communication and negotiation skills to reduce high-risk sexual behaviors. The Community Planning Group used evidence from both the epidemiological profile and the needs assessment data to show that there is a need for this intervention in this area. The only adaptation this area finds in this intervention is the reduction in the number of overall sessions in this multi-session intervention. The reasons this adaptation may take place are based on both the number of participants and their willingness to participate in multi-session interventions. This adaptation is suggested only as long as the basic components and outcomes of this selected intervention will be adhered to.

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Name of Intervention	Project RESPECT.
Risk Behavior(s)	Unprotected sex
Influencing Factor(s) of FIBs	Attitudes Group norms Intentions Self-efficacy Expected outcomes Perceived susceptibility
Intended Immediate Outcomes	At end of intervention, client will be able to reduce high risk behavior and prevent new STDs.
Type	Individual-Level Intervention (ILI)
Setting	On-site STD clinic Family planning clinic Other locations where target population gathers
Is this intervention currently being provided in your planning area?	
Rationale for Selecting This Intervention:	The CPG Chose this intervention because it focuses on the reduction of STD's which is an acknowledged risk factor for acquiring HIV. In addition, the needs assessment data shows a high incidence STD's for this subpopulation. The Community Planning Group used evidence from both the epidemiological profile the needs assessment data to show that there is a need for this intervention in this area. The only adaptation this area finds in this session intervention. The reasons this adaptation may take place Are based on both the number of participants and their willingness to participate in multi-session interventions. This adaptation is suggested only as long as the basic components and outcomes of this selected intervention will be adhered to.

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Subpopulation: FMS Men Hispanic (To Include HIV+ Individuals) Ranking: 13

Name of Intervention	VOICES/VOCES: Video Opportunities for Innovative Condom Education and Safer Sex
Risk Behavior(s)	Unprotected sex
Influencing Factor(s) of FIBs	Self-efficacy Expected outcomes Attitudes Group norms Intentions Communication and negotiation skills Environmental facilitators (access to condoms)
Intended Immediate Outcomes	At end of intervention, client will be able to reduce STD infections by increasing condom use.
Type	Group-Level Intervention (GLI)
Setting	On-site STD clinics Family planning clinic
Is this intervention currently being provided in your planning area?	No.
Rationale for Selecting this Intervention:	The CPG chose this intervention to accompany individual level risk reduction counseling session. The video is not to be used as a stand-alone intervention. The Community Planning Group used evidence from both the epidemiological profile and the needs assessment data to show that there is a need for this intervention in this area. There are no recommended adaptations to this intervention by the Community Planning Group.

Tab 7 Intervention Selection Form Area 2 PANHANDLE/LOMA

**ALL HMAZs and the LMAZ**

Subpopulation: All **high priority** subpopulations, consistent with CDC Guidance, September 1997

Rankings: Same as the corresponding group in selected HMAZ, LMAZ

<b>Name of Intervention</b>	Prevention Case Management (PCM)
<b>Risk Behavior(s)</b>	Multiple high risk behaviors consistent with HIV Prevention Case Management Guidance, September 1997 by the CDC Substance use Sex without condoms Multiple partners
<b>Influencing Factor(s) or FIBs</b>	Perceived susceptibility Fatalism Self Efficacy Peer Pressure Cultural group norms
<b>Intended Immediate Outcomes</b>	Increase condom use Decrease number of partners Increase Self Esteem Referral for new HIV positives into Early Intervention Programs Referral of HIV positives into more intensive Intervention Programs that address the Factors Influencing the Risky Behavior.
<b>Type</b>	Individual Level Intervention
<b>Setting</b>	Community based organization, STD clinics, other locations
<b>Currently provided?</b>	No
<b>Rationale for selecting intervention:</b>	<i>This intervention should target only high-risk individuals, whether HIV-positive or HIV-negative, with multiple, complex problems and risk-reduction needs.</i> This intensive, client-centered prevention activity has the fundamental goal of promoting the adoption and maintenance of HIV risk-reduction behaviors. It is suitable for individuals seeking stability and regularity in their lives and/or individuals who are reaching an action step in dealing with health concerns. PCM should include 1) client recruitment and engagement, 2) screening and assessment of HIV and STD risks and medical and psychosocial service needs, 3) development of a client-centered prevention plan, 4) multiple session HIV risk-reduction counseling, 5) active coordination of services with follow-up, 6) monitoring and reassessment of client's needs, risks, and progress, and 7) discharge from PCM services upon attainment and maintenance of risk-reduction goals.

pcm

Tab 7 Intervention Selection Form Area 2 PANHANDLE/LOMA

**ALL HMAZs and the LMAZ**

Subpopulation: All BDTPS; all subpopulations; all races, ethnicities and ages  
 Rankings: Same as the corresponding group in selected HMAZ, LMAZ

<b>Name of Intervention</b>	Prevention Counseling/Partner Elicitation
<b>Risk Behavior(s)</b>	Substance use Sex without condoms Multiple partners
<b>Influencing Factor(s) or FIBs</b>	Perceived susceptibility Environmental facilitators (access to condoms and testing) Knowledge of STDs Group or Cultural Norms
<b>Intended Immediate Outcomes</b>	Increase proportion of HIV -infected persons who know their status Increase condom use Improve communication and negotiation skills Improve self perception of risk Provide access to condoms and testing Improve knowledge of STDs Reduce Number of sex partners
<b>Type</b>	Individual Level Intervention
<b>Setting</b>	Community based organization, STD clinics, other community-based locations
<b>Currently provided?</b>	Yes
<b>Rationale for selecting intervention:</b>	<p>Counseling, testing, referral and partner services have been recommended as an effective intervention for all populations in Texas. In the Centers for Disease Control and Prevention's <i>HIV Prevention Strategic Plan Through 2005</i>, Goal 2 is to increase the proportion of HIV-infected people in the U.S. who know they are infected through voluntary counseling and testing. The CDC's objectives to meeting this goal support the inclusion of this intervention for all populations. These objectives include: improving access to voluntary, client-centered counseling and testing in high seroprevalance populations and increasing the number of providers who provide voluntary, client-centered counseling and testing. The core elements of this intervention include risk assessment, risk reduction plan, and the option to test for HIV either anonymously or confidentially.</p> <p>The Texas CPGs recommend the following strategies to promote PCPE:                      1) Fact Sheet p. 31. <i>Culturally Tailored HIV/AIDS Risk-Reduction Messages Targeted to African-American Urban Women</i>. This 20-minute video increased the likelihood that women would view HIV as a personal risk, to</p>

	<p>request condoms, to talk with friends about AIDS, and to get tested for HIV.</p> <p>2) Fact Sheet p. 34 <i>Context Framing to Enhance HIV Antibody Testing Messages Targeted to African-American Women</i>. This 25-minute video emphasizes the personal losses from not testing. Women were more likely to get tested and to talk to partners about testing after this video.</p> <p>3) Single session HIV/AIDS informational education: basic informational sessions discussing risks, correct condom and bleach kit use, referrals and the like enhance participants willingness to test either during or after the session.</p> <p>4) Bar outreach: sustained, consistent presence in a bar type setting enhances testing. The specific outreach that is known to work consisted of weekly presence in the bar, with an informational table, with staff present and interacting with bar managers, performers and patrons for 2-4 hours at a time. Testing was conducted at the bar or referral made to a community-based organization. Staff gained the trust of all through their sustained efforts.</p> <p style="text-align: right;">pcpe</p>
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